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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number <b>09/382,834</b>		Filing Date <b>25 August, 1999</b>		<input type="checkbox"/> To be Mailed				
				Applicant(s) <b>BEAMAN ET AL.</b>		Page 1 of 2						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 06/25/2008		*		*		06/25/08	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					1
2							52					1
3							53					1
4							54					1
5							55					1
6							56					1
7							57					1
8							58					1
9							59					1
10							60					1
11							61					6
12							62					2
13							63					6
14							64					1
15							65					1
16							66					1
17							67					1
18							68					1
19							69					1
20							70					1
21							71					1
22							72					1
23							73					1
24							74					2
25							75					1
26							76					1
27							77					1
28							78				1	
29					1		79					1
30					1		80					1
31					1		81					1
32					1		82					1
33					1		83				1	
34					1		84					1
35					1		85					1
36					1		86					1
37					1		87					1
38					1		88					1
39					1		89					1
40					1		90					1
41					1		91					1
42					1		92					1
43					1		93					7
44					1		94					7
45					1		95					7
46					1		96					7
47					1		97					7
48					1		98					7
49					1		99					1
50					1		100					1
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Part of Paper No20081008-1.

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**Substitute for Form PTO-1360  
(For use with Form PTO/SB-06)

Application Number

09/382,834

Filing Date

25 August, 1999

Applicant(s)

BEAMAN ET AL.

Page 2 of 2

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 06/25/08		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101						1	151					
102						1	152					
103					1		153					
104					1		154					
105					1		155					
106					1		156					
107						1	157					
108						1	158					
109					1		159					
110					1		160					
111					1		161					
112					1		162					
113						1	163					
114					1		164					
115					1		165					
116					1		166					
117					1		167					
118						1	168					
119					1		169					
120					1		170					
121					1		171					
122					1		172					
123						1	173					
124					1		174					
125					1		175					
126					1		176					
127					1		177					
128						1	178					
129						1	179					
130						1	180					
131						1	181					
132						1	182					
133						1	183					
134						1	184					
135						1	185					
136						1	186					
137						1	187					
138						1	188					
139						1	189					
140							190					
141							191					
142							192					
143							193					
144							194					
145							195					
146							196					
147							197					
148							198					
149							199					
150							200					
Total Indep					31		Total Indep					
Total Depend						128	Total Depend					
Total Claims					159		Total Claims					

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